

# S. S. Run Registration Form

5km & 1 mi. Walk/Run

March 20, 2010 @ 8:30 AM

Cloverland Elementary School, 201 Johnson Street - Oakdale, CA

Name: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Gender: \_\_\_\_\_ Ph.#: \_\_\_\_\_

Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please mark the race you will be participating in below. [Note: Each race registration receives one free race T-shirt.]

\_\_\_\_\_ **1 mile walk/run (\$25)** \_\_\_\_\_ **5K walk/run (\$25)**

Shirt Size:  XS  S  M  L  XL  XXL

**\*Additional Race Shirts are available for purchase - \$12 ea. (\$15 for XXL).**

Add'l Shirt #s/ Size: \_\_\_\_\_ XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_ XXL

\*\*Registration forms may be turned in (with payment) at any Oakdale school or the District Office or mailed to 1570 East "F" Street, A-132, Oakdale, CA 95361. Cash or check accepted.

Please do not mail cash.

***Race Packets available for pick up @ Cloverland Elementary School on:***

*Friday, March 19<sup>th</sup> from 4:00 PM – 7:30 PM*

*Saturday, March 20<sup>th</sup> from 7:00 AM – 8:15 AM*



Online Registration Available at:

<http://www.active.com/running/oakdale-ca/sos-run-5k-and-1mile-2010>



## RELEASE:

In consideration of the foregoing, I, for myself, my heirs, executors, administrators, personal representatives, successors and assigns, waive and release any and all rights, claims and causes of action I have or may have against the Oakdale Education Foundation, Oakdale Education Foundation affiliates and/or partners, the Oakdale Joint Unified School District, their agents, vendors, employees, officers, directors, successors and assigns that may arise as a result of my participation in the S.O.S. 1mile/5K Run at Cloverland Elementary School on March 20, 2010. I attest and verify that I am physically fit and a licensed medical doctor has verified my physical condition.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## REPRESENTATION OF MEDICAL COVERAGE (must be filled out by a parent/guardian if participant is under 18 years old)

I, the parent/legal guardian of \_\_\_\_\_, (Name of Child), do hereby represent to the Oakdale Joint Unified School District and the Oakdale Educational Foundation that my child listed above is covered by medical insurance in the event my child sustains an injury while participating in the S.O.S. Run at Cloverland Elementary School on March 20, 2010.

Print Name: \_\_\_\_\_ Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*S.O.S. Run is an affiliate of the OEF. All proceeds benefit the students of the Oakdale Joint Unified School District.\*\***

**FLEET FEET**  
*Sports*